

LIFT COMMUNITY ACTION AGENCY FAMILY PROFILE

EHS Enrollment Center: _____ ELC HS

Agency Use Only Captain ID: _____

SERVICE: _____ INTAKE WORKER: _____ DATE: _____

SSN# [] FIRST, MI, & LAST NAME [] DATE OF BIRTH [] / [] / []

GENDER [] Male [] Female Marital Status: _____ EDUCATION: 0-8 9-12 HS Grad. GED 12+ years 2 yr. Degree 4 yr. Degree Other _____

RACE: (Circle One) White Non-Hispanic White-Hispanic African American American Indian Asian Bi-racial/Multiple Other Native Hawaiian/Pacific Islander

HEALTH INSURANCE? None Medicaid Medicare Military Employment Based Direct Purchase State Children's Health Ins. State Health Ins. For Adults Tribal

MILITARY: No Military Status Active Military Veteran FOOD STAMPS: Yes No DISABLED? Yes No CDIB: Yes No

WORK STATUS: Employed full-time Employed part-time Unemployed (less than 6 months) Unemployed (more than 6 months) Retired Not in labor force Seasonal Farmer

NON-CASH BENEFITS: WIC LIHEAP Section 8 Housing Public Housing Permanent Supportive Housing HUD-VASH Childcare Subsidy Affordable Care Act Subsidy Tribal Commodities Food Stamps: \$ _____

IF NO, WHAT IS THE REASON FOR NO NON-CASH BENEFITS: Not Eligible Not applied No need

DISCONNECTED YOUTH: In School/Not Working Not Working/Not in school Working/Not in school RESIDENT: American Citizen Documented Alien Undocumented

STREET [] ZIP [] CITY [] COUNTY [] STATE []

HOUSING (Circle One): Own/Buy Rent Other Permanent Housing Homeless Other _____ PRIMARY LANGUAGE: English Spanish Other _____

FAMILY TYPE: Female - Single Parent Male - Single Parent Two Parent Household One Person Household Two Adults - No Children Other _____

PHONE [] EMAIL []

Income Abbreviations: EITC - Earned Income Tax Credit VA - Service Connected Disability VAN - Non-Service Connected Disability SSDA - Soc. Sec. Disability P - Pension W - Wages SS - Social Security SSI - Supplemental Security Inc. UE - Unemployment AL - Alimony T - TANF WC - Worker's Comp PD - Private Disability CS - Child Support

Please list each type of income separately and use abbreviations listed above.

Monthly Income:

\$ []

EXAMPLE:

\$ 500.00 - EMP 286.00 - TANF 150.00 - OTH

Verified by: W2 Check stubs Tax return Letter Other

Please complete this side of the form for the additional members of your household

| SSN | First Name | Last Name | Date of Birth | Male (M) or Female (F) | Using the key below please answer the following | | | | | | | | Answer (Y) Yes or (N) No | | | Using the key below please answer the following | | | | Amount | | | |
|----------------|--------------------|------------------|--------------------------------|--------------------------|---|-----------------------------------|-------------------------------|-----------------------------|--|------------------|--|----------|--------------------------|-----------|-------------|---|-------------------|------------------|---------------------|--------|--|--|--|
| | | | | | Marital Status | Relation to Applicant | Ethnicity | Race | Education | Health Insurance | Military Status N - No A - Active V - Veteran | Disabled | American Citizen | CDIB card | Work Status | Disconnected Youth | Non-Cash Benefits | Source of Income | Monthly Income (\$) | | | | |
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| Marital Status | Relation to | Ethnicity | Race | Education | Health Insurance | Work Status | Disconnected Youth | Non Cash Benefits | Source of Income | | | | | | | | | | | | | | |
| SS - Single | M - Mother | H - Hispanic | AI - American Indian | 0-8 - 0-8th grade | N - None | EFT - Employed Full Time | W - Working/Not In School | WIC - WIC | EITC - Earned Income Tax Credit | | | | | | | | | | | | | | |
| M - Married | F - Father | N - Non-Hispanic | AS - Asian | 9-12 - 9-12th grade | D - Direct Purchase | EPT - Employed Part Time | I - In School/Not Working | LI - LIHEAP | VA - Service Connected Disability | | | | | | | | | | | | | | |
| D - Divorced | C - Child | | BI - Biracial | HS - High School Grad | E - Employment Based | F - Seasonal Farmer | N - Not Working/Not In School | FS - Food Stamps/SNAP | VAN - Non-Service Connected Disability | | | | | | | | | | | | | | |
| W - Widowed | S - Sister | | BB - Black/African American | GED - GED | M - Medicaid | UEL - Unemployed 6 or more months | | PSH - Perm. Supp. Housing | SSDA - Soc. Sec. Dis. | | | | | | | | | | | | | | |
| S - Separated | B - Brother | | HA - Hawaiian/Pacific Islander | 12+ - 12+ some post sec. | MC - Medicare | UES - Unemployed less than 6 mo. | | ACA - Aff. Care Act Subsidy | SSI - State Supplemental | | | | | | | | | | | | | | |
| C - Cohabiting | SP - Spouse | | O - Other | 2yr - 2 Yr. Degree | MH - Military Health | UE - Not in Labor Force | | HCV - Section 8 | CS - Child Support | | | | | | | | | | | | | | |
| CH - Child | GP - Grandparent | | W - White/Caucasian | 4yr - 4 Yr. Degree | SC - State Children's Ins. | R - Retired | | CV - Childcare Voucher | UE - Unemployment | | | | | | | | | | | | | | |
| | GC - Grandchild | | | O - Other post secondary | SA - State Ins. For Adults | | | PH - Public Housing | AL - Alimony | | | | | | | | | | | | | | |
| | G - Guardian | | | | T - Tribal | | | NO - None | T - TANF | | | | | | | | | | | | | | |
| | FC - Foster Child | | | | | | | NN - None No Need | WC - Worker's Comp | | | | | | | | | | | | | | |
| | FP - Foster Parent | | | | | | | NE - None Not Eligible | PD - Private Disability | | | | | | | | | | | | | | |
| | P - Partner | | | | | | | HUD - HUD VASH | NO - No Income | | | | | | | | | | | | | | |
| | FR - Friend | | | | | | | | W - Wages | | | | | | | | | | | | | | |
| | OR - Other Related | | | | | | | | SS - Social Security | | | | | | | | | | | | | | |
| | | | | | | | | | PEN - Pension | | | | | | | | | | | | | | |

*If any of your responses do not fall into these categories please just write in your response.

X _____
Signature of Client

_____ Date

Applicant Employment (2 years)

Current Employer: _____ Position: _____ From _____ to Present

Address: _____ Phone () _____
Street/P.O. Box City State Zip

Previous Employer: _____ Position: _____ From _____ to _____

Address: _____ Phone () _____
Street/P.O. Box City State Zip

Co-applicant Employment (2 years)

Current Employer: _____ Position: _____ From _____ to Present

Address: _____ Phone () _____
Street/P.O. Box City State Zip

Previous Employer: _____ Position: _____ From _____ to _____

Address: _____ Phone () _____
Street/P.O. Box City State Zip

Current Landlord Information

Rent paying now \$ _____ From _____ / _____ / _____ to present

Name: _____ Phone: () _____

Address: _____
Street/ P.O. Box City State Zip

Previous Landlord Information

Rent \$ _____ From _____ / _____ / _____ to _____ / _____ / _____

Name: _____ Phone: () _____

Address: _____
Street/ P.O. Box City State Zip

Assets (savings accounts, checking accounts, stocks/bonds ,life insurance, retirement accounts)

Institution _____ Acct # _____ Balance\$ _____

Institution _____ Acct # _____ Balance\$ _____

Automobiles

Year _____ Make _____ Model _____ Value\$ _____ Loan Balance\$ _____

Year _____ Make _____ Model _____ Value\$ _____ Loan Balance\$ _____

Real Estate

Address: _____ Market Value: \$ _____

Loan Balance:\$ _____ Mortgage Holder: _____ Pending Sale Rental

LIFT Community Action Agency, Inc.
Housing Department
209 North 4th Street
Hugo, OK 74743
LIFT CAA, Inc., Broker – NMLS #344203
Sheila Pierce, MLO – NMLS #1616259

TO WHOM IT MAY CONCERN:

“I/We hereby authorize you to provide to LIFT Community Action Agency, Inc., its Successors and/or its Assigns, any and all information and documentation that they request. Such information includes but is not limited to, employment history and income, bank, money market, and similar account balances; credit history; and copies of income tax returns.”

“I/We hereby authorize my/our financial institution to draft my checking, savings or other depository account for whatever charge there may be for the service in connection with verifications needed for my mortgage loan application. (If there is an established charge.)”

“I/We hereby authorize LIFT Community Action Agency, Inc. to provide information on the status of processing the mortgage loan application, including the date of requesting and receiving verifications, report and other information from third parties, to any broker or agent representing any party to the transaction in connection with which the mortgage loan has been applied for including but not limited to the Department of Housing and Urban Development, USDA Rural Development, BancFirst and NeighborWorks America.”

A copy of this authorization may be accepted as an original. Your prompt reply is appreciated.

*** I/We authorize LIFT CAA, Inc. to order a consumer credit report and verify other credit information and I/We understand that there may be a fee associated with this process. ***

CONSUMER PRIVACY DISCLOSURE

We Respect Your Privacy. We do not share nonpublic personal information concerning our customers or other customers. We view it as one of our primary jobs to protect your privacy.

Confidentiality and Security: We restrict access to nonpublic personal information about you to those employees who need to know that information to provide services to you. We maintain physical, electronic, and procedural safeguards that comply with federal standards to guard your nonpublic personal information.

Categories of Information That We Collect. We collect nonpublic personal information about you from the following sources:

- Information we receive from you on applications or other forms such as name, address, social security number, assets, and income.
- Information about your transactions with our affiliates, such as: your account balances, payment history, parties to transactions, and credit card usage.
- Information we receive from a consumer reporting agency regarding your creditworthiness and credit history.

PRIVACY ACT NOTIFICATION

This is notice to you as required by the Right to Financial Privacy Act of 1978 that LIFT Community Action Agency, Inc., its Successor and/or its Assigns, the Department of Housing and Urban Development and/or USDA Rural Development and/or BancFirst whichever is appropriate, has the right of access to financial records held by financial institutions in connection with the consideration or administration of assistance to you. Financial records involving your transactions will be available to HUD and/or USDA and/or BancFirst (as applicable) without further notice or authorization, but will not be disclosed or released to another Government Agency or Department without your consent except as required or permitted by law.

Borrower: _____ Date: _____ Co-Borrower: _____ Date: _____

Social Security #: _____ Social Security #: _____

Phone #: _____ Phone #: _____

